

DOCUMENT SECTION

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Nursing Affairs

Public Health and Welfare Technical Bulletin

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1. Generala. Situation in Japan

As nursing and midwifery play an important role in every community it is important that the Military Government Public Health Nurse give consideration to the supervision of the training of the students. The schools of nursing are under the various Ministries, all of which have different standards.

It must be realized that the type of training the students have had in previous years is not sufficient to carry on a modern program of nursing today. With this mass of untrained personnel we are faced with a tremendous and urgent need for a good nursing service that will supply the present needs.

b. Current Legislation and Plans

A Nursing and Midwifery Law (Law No. 203) was enacted July 30, 1948. The enforcement of the law will begin in 1950. This law provides official registration, as well as improved standards, for schools of nursing and midwifery.

2. Schools of Nursinga. General

If we are to have good Clinical Nurses, Public Health Nurses and Midwives the foundation must be laid in the basic school of nursing. This must be a well-rounded, all-inclusive course of three years. The student in the school of nursing must have a broad and varied experience. The curriculum must include classroom instruction, study and clinical practice in the hospital. The clinical practice, done under supervision, gives the student an opportunity to observe and apply the principles and methods she has learned in classroom.

b. Supervision of Schools

It is important to give considerable time, guidance and supervision to these schools of nursing. This will be necessary if we are to build a

lasting, effective nursing service that will reach into Post Graduate work in the fields of Public Health and Midwifery. Leaders will have to be trained to teach in the schools of nursing, doctors and administrators will need to understand the function and aims of the school of nursing and well qualified students must be recruited.

The modern hospital's first objective is to restore the mental and physical health of the patient. The second objective should be the education of nurses, doctors and other personnel, patients, and the public. The third objective should be to encourage and promote scientific research.

c. Class A & B Schools

Class A & B schools are to fulfill the requirements as set forth in the revised ordinance #28. The curriculum for Class "A" schools has been arranged in credit hours in order to provide for accreditation in the college program in the event the nurse desires to pursue her studies. The goal is one class "A" school of nursing in every prefecture.

The Proposed Plan of the Curriculum of the "A" Class Nurses' Training School is as follows: The Goal is one class "A" school in every prefecture.

<u>Subjects of Study</u>	<u>Total Hours</u>	<u>1st Class</u>	<u>2nd Class</u>	<u>3rd Class</u>	<u>Remarks</u>
Anatomy & Physiology	90	90			
Microbiology	45	45			
Chemistry	45	45			
Community Hygiene & Sanitation	30	30			
Nutrition & Diet Therapy	45				
Nutrition		30			
Diet Therapy			15		
Materia Medica	30				
Materia Medica		20			
Drugs & Solution			10		Physican Pharmacist
Science of Nursing Arts	485	175	200	110	
Sociology	15		15		
Psychology	30	30			
TOTAL	800	435	255	110	

Besides the above subjects, the study of foreign languages, music, gymnastic and something about culture may be studied.

The Items of the Science of Medical Nursing Arts

<u>Subject of Study</u>	<u>Total Hours</u>	<u>1st Class</u>	<u>2nd Class</u>	<u>3rd Class</u>	<u>Remarks</u>
History & Ethics of Nursing Art	30	30			
Principles & Prac- tices of Nursing Arts	35	35			
Internal Medicine & its Nursing Arts (Include Pathology)	60	60			M.D. - 40 hours Nurse - 20 hours
Surgery & its Nursing Arts (Include Ortho- pedics & OP Technique)	105	50	55		Gen. Surgery M.D. - 40 hours Nurse - 35 hours Gen. 25, OR 10 Orthopedics MD - 15 hours Nurse - 15 hours
Physiotherapy	15			15	Gen. - MD - 15 hr. Nurse 15 hours TB-15 MD, 10 Nur.
Infectious Diseases & its Nursing Arts Including TB, VD & Parasitology	75		55	20	Pari.- 10 VD - <u>10</u> 75 hours
Pediatrics & its Nursing Arts	45		45		MD - 25 Nurse - 20
Obstetrics & Gyn- ecology & their Nursing Arts	45		15	30	M.D. - 25 Nurse - 20
Dermatology E.E.N.T. & their Nursing Arts	15 30		30	15	
Psychiatry & Mental Hygiene	30			30	
TOTAL	485	175	200	110	

Note: Nurses should teach nursing subject.

The Proportion of the Weeks of Clinical Practice

<u>Experience on Ward</u>		<u>O. P. D.</u>	
Internal Medicine	16-20	Internal Medicine	3
Surgery	16-20	Surgery	2
Pediatrics	15	Pediatrics	3
Obstetrics & Gynecology	16	Obstetrics & Gyn.	2
Obs. - 12			
Gyn. - 4		Othology ENT	2
Infectious Diseases	10	Ophthalmology	2
(Including TB)		Dermatology &	
Operating Room	10	Genitology	2
Diet Kitchen	8		
TOTAL	91-99	TOTAL	16
Others	8		
TOTAL-107-115 weeks			

The Proposed Plan of the Curriculum of the "B" Class Nurses'
Training School

<u>Subjects of Study</u>	<u>Total Hrs.</u>	<u>1st Class</u>	<u>2nd Class</u>	<u>Remarks</u>
Anatomy & Physiology	45	45		
Microbiology & Disinfection & Sterilization	30	30		
Hygiene Personnel &	30	30		
Hospital Dietetics (Incl. methods of cooking)	30	30		Theory - 20 Lab - 10
Material Medica (simple)	20		20	Nurse Dosage Adm. to Patient
General Nursing	340	240	100	
Social & economic aspects of illness	15		15	
Legal Health Regulations	10		10	
House Keeping	40	20	20	
Care & Development of Well Child	30		30	
TOTAL	590	395	195	

Note: Besides the above subjects, the study of languages, music, gymnastics, and culture may be taught.

The Proportion of the Weeks of Clinical Practice

<u>Hospital Practice</u>		<u>O.P.D.</u>	
Internal Medicine including TB	16	Internal Medicine	2
Surgery	12	Surgery	2
Pediatrics	8	Pediatrics	2
Obstetrics & Gynecology	6	Obstetrics & Gyn.	2
Operating Room duty	4	Skin-g-u, Disease	2
Cooking Room	4	Ophthalmology &	2
		Otolaryngopharynology	
		Dentistry	2
TOTAL	50	TOTAL	14
Preliminary	16 wks.		
Vacation	6 wks.		
Sick Leave	4 wks.		
OPD	14 wks.		
H. Practice	50 wks.		
	90 wks.		

The Items of the General Nursing

<u>Subjects of Study</u>	<u>Total Hours</u>	<u>1st Class</u>	<u>2nd Class</u>	<u>Remarks</u>
History & Ethics of Nursing	20	20		
Principle & Practice of Nursing Procedures	100	100		
Disease of Internal Medicine & Nursing	80	80		Including infectious ones M.D. - 30, Nurse 50
Diseases of Surgery & nursing	40	40		M.D. -15, Nurse 25 Incl. Orthopedics, bandaging, and first aid.
Pediatrics & Nursing	30		30	M.D. - 15 hrs, Nurse - 15.
Diseases of Obstetrics & Gynecology & Nursing				
& Newborn Baby	30		30	M.D.-15, Nurse 15
Dermatological Nursing	10		10	
E.E.N.T. & Nursing	15		15	
Physiotherapy	15		15	
TOTAL	340	240	100	

The foundation of computation (the same as "A" class)

In the first term of the first class students have not practice (16 wks):

<u>Total Hours</u>	<u>1st Class</u>	<u>2nd Class</u>
4,224	2,112	2,112

d. Recruitment Program

It will be necessary to begin the recruitment program in the high schools in all prefectures as early as December 1948 in order to build up the schools of nursing. This program can be carried on by radio broadcasts, newspaper and magazine articles, posters, short talks in high schools and pamphlets giving information concerning nursing.

3. The National Association

a. Organization

The Military Government Public Health Nurse should take an active part in interesting nurses and midwives in their professional association. The Japanese Midwives, Clinical Nurses and Public Health Nurses' Association was formed in November 1946. In April 1947 they changed their constitution to permit the formation of Branch Associations in each prefecture. All prefectures have now organized such branch associations. At the present time many of the branch associations are very weak and poorly organized. The National Association will only be as strong and as stable as the weakest branch association.

b. Responsibility of Military Government Public Health Nurse

The Military Government Public Health Nurse should give guidance and advice to the officers and members of this Association. In performance of this duty she should:

(1) Interpret to them the principles of leadership and democratic organization.

(2) Guide the officers in the details of business administration of an association. (Guiding them to obtain adequate office space, efficient methods for collecting dues etc.)

(3) Interpret to the officers the responsibilities, privileges and duties of each office. She should help them to find the ways and means whereby they can carry out these duties.

(4) Interpret to the committee members the duties and responsibilities of the committee.

4. Midwifery

a. Present Situation in Japan

Approximately 96% of the babies in Japan are delivered by midwives, the majority of whom have had little or no formal training. The immediate need for this group is instruction and supervision in the basic principles of midwifery, with special emphasis on prenatal care. In the past there has been a total lack of prenatal supervision with toxemia being the highest cause of maternal deaths.

b. National Goals for Midwives

The national goals which have been set up for midwives should be interpreted for the ones who are practicing at the present time. These are as follows:

(1) Two complete physical examinations by a doctor during each pregnancy.

(a) The first examination should be done as early in pregnancy as possible. Much can be done in the early months to make the prenatal period a safer and more comfortable one.

(b) The second examination will come two or three weeks before the baby is expected. This is to make sure everything has gone well throughout pregnancy and that the mother is in good condition to go through the labor, delivery and recovery period.

(2) Every normal patient should be seen by the midwife once each month during the first eight months and every two weeks after that time.

(3) The midwife will have detailed discussions with each one of her patients when she sees her for the monthly supervisory visit. She will explain to the patient the physical and emotional changes that take place during pregnancy, and tell her about the things that she can do to make the time a safer and a happier time. There are two things that the midwife should always keep in mind when talking to her patients, they are:

(a) Always give the patient a reason for doing the things you ask her to do.

(b) Never ask a patient to do something unless you know that it is possible for her to do it. Frequently the midwife will be able to suggest ways or means whereby the patient can do the things that she is asking her to.

(4) The midwife will make each patient responsible for supplying the following information, and specimen, at each supervisory visit:

(a) Her weight, taken the day previous to visit.

(b) The exact amount, in figures, of urine passed in a 24 hour period the day before visit and also a small amount of urine from the 24 hour specimen for the midwife to examine.

(5) One or more conferences should be held with the husband of each patient, at which time definite suggestions will be made as to what he may do toward making the maternity period a safer and happier experience for his wife. The following suggestions may be made to the patient as to where she may get her complete physical examinations:

(a) Her own private physician

(b) The Health Center nearest her home

(c) The out-patient department of a hospital

(d) The local physician in smaller villages.

(A committee of midwives may request this physician to cooperate in the program for improving maternity care by making special rates for all patients referred by them - using standard referral form).

(6) A special effort will be made to get all patients to report for a postpartum examination.

c. Assistance by Military Government Public Health Nurse

(1) An educational program for the preparation of midwife supervisors and instructors in the new schools is very urgently needed.

(2) The new laws, rule and regulations pertaining to midwifery should be explained to all individuals concerned, prefecture officials, hospital educational personnel, midwives, etc., in order that they may plan their programs to meet the new requirements.

(3) Advisory service should be given to hospitals which are interested in the establishment of a school of midwifery under the new regulations.

(4) The aspects of public health nursing should be inculcated into the program for midwives. The midwife is too prone to think in terms of only the pregnant woman in the home, not recognizing that every health problem in the home may affect the maternity patient.

5. Public Health Nursing

a. According to a census of nurses taken in March 1948, Japan has 15,859 active Public Health Nurses. Many of these nurses have had poor professional preparation and as a result have a very limited understanding of their functions as Public Health Nurses. In view of this mass of poorly trained personnel the Military Government Nurse must concentrate upon two definite programs in regard to the public health nursing field:

(1) Supervision and guidance of Public Health Nurses now employed by an agency or community. These nurses will have to be trained for their work through refresher courses in public health nursing, through staff education programs and constant in-service supervision as outlined below.

(a) In April 1947 a four-months' refresher course for Public Health Nurses was set up at the Public Health Institute in Tokyo. This course will continue until 730 Public Health Nurses from all prefectures throughout Japan have received this special training. Each time the course is given one nurse is to be sent from each prefecture and one from each of the following cities: Kyoto, Kobe, Nagoya, Osaka, Tokyo and Yokohama. Personal expenses for this course are to be borne by the prefecture and the agency from which she is sent and she is paid her usual salary plus traveling expenses. It is the responsibility of the Military Government Nurse to see that potential leaders are selected for this training.

(b) In November 1947, a five-months' course in Tuberculosis was started for Public Health Nurses in Tokyo. The purpose of this course is to train Public Health Nurses to more ably care for the tuberculosis patient in the home. Each prefecture is permitted to send one nurse to this course expenses for which are borne by the prefecture, the agency from which she is sent and the Anti-Tuberculosis Association. The prefecture assumes the responsibility of assuring payment of her usual salary and traveling expense to and from the course. The Military Government Nurse should lend assistance to the prefectural Health Department officials in the selection of a nurse to be sent to the course each time it is offered.

(c) Each year the Ministry of Welfare has advanced a budget for short refresher courses for Public Health Nurses. The money is earmarked to be used in the following ways:

1. To train nursing leaders. The Leaders Course is planned on the national level and proposes to bring Public Health Nurse leaders together for an instructional and informational meeting.

2. To train Public Health Nurses in general. The Course for the Public Health Nurses in general is given either on a regional or prefectural level. The budget for this Course is divided equally between the 46 prefectures, who have the responsibility of planning or giving a short course at least once each year. Pertinent information regarding this course is sent to the local area from the national level but it is the responsibility of the Military Government Nurse to give guidance to the Japanese nurses in the planning and carrying out of this Course.

(d) Other refresher courses are to be offered whenever the Military Government recognizes a need for such a course.

(2) Supervision and guidance to public health nursing schools

(a) At present there are 45 public health nursing schools operating in Japan. Many of these schools will not be able to meet the requirements of the Nursing Law.

(b) After 1951 it will be necessary that public health nursing schools meet the requirements as set up by Ministerial Ordinance No. 28 (revised edition) which outlines the regulations for public health midwifery and nurse training schools.

(c) The curriculum to be offered must fulfill the minimum requirements as set up under revised Ministerial Ordinance No. 28.

(d) One good public health nursing school in each region will be considered a goal towards which to work.

This goal may not be realized for many years to come. Should the prefecture, city, hospital or individual be desirous of setting up a school above this quota the need and possibilities of such a school should be carefully considered. In setting up these public health nursing schools the aim shall be for quality rather than quantity, remembering that in the future only "A" class nurses will be eligible for these schools, also that qualified Public Health Nurses will be needed to teach these courses.

(e) Among the public health nursing schools of Japan there should be those attached to universities or accredited by the Department of Education so that the nurse might be able to apply her public health nursing work towards college credit if she should so desire. (Such schools must be considered in the long term plan of public health nursing institutions.)

b . In Japan Public Health Nurses are employed in many different fields of public health. It is the responsibility of the Military Government Nurse to set up a nursing program which envisions the utilization of all Public Health Nurses in the prefecture. In order to properly utilize all of these Public Health Nurses, the functions and responsibilities of nurses working under each of these programs must be carefully studied and defined according to the following outline:

(1) Nurses working in prefectural and city offices; these may be assigned to the Department of Health, Department of Education or the Federation of National Health Insurance.

(2) Nurses working in town and village offices; these may be employed by the town or village, by the Agricultural Cooperative or by the National Health Insurance Section.

(3) Nurses working in school health programs.

(4) Nurses working as industrial nurses with industrial firms, mining companies, shipping companies, etc.

(5) Nurses working in miscellaneous programs; e.g. - in reclamation districts.

The Military Government Nurse should work out a plan whereby all of these Public Health Nurses will be employed without a duplication of service or lack of nursing service in any part of her prefecture.

6. Japanese Guide for Public Health Nurses

A guide for the Japanese Public Health Nurses has been prepared by the Nursing Affairs Section of the Ministry of Welfare and sent to the Prefectures. An English translation is inclosed with this Bulletin.

1 Inclosure a/s

GUIDE FOR JAPANESE PUBLIC HEALTH NURSES

Object: The Object of Supervision in P H N Service

The object in view is to make the public health nurses understand their mission in their various posts, to promote re-education for improving their qualities, to put them on better terms so that they can pursue their original work with undivided attention, to expedite the activities of individual public health nurse, and to see that they uphold the various laws concerned as well as to see that they contribute to the public health of the people.

Means:

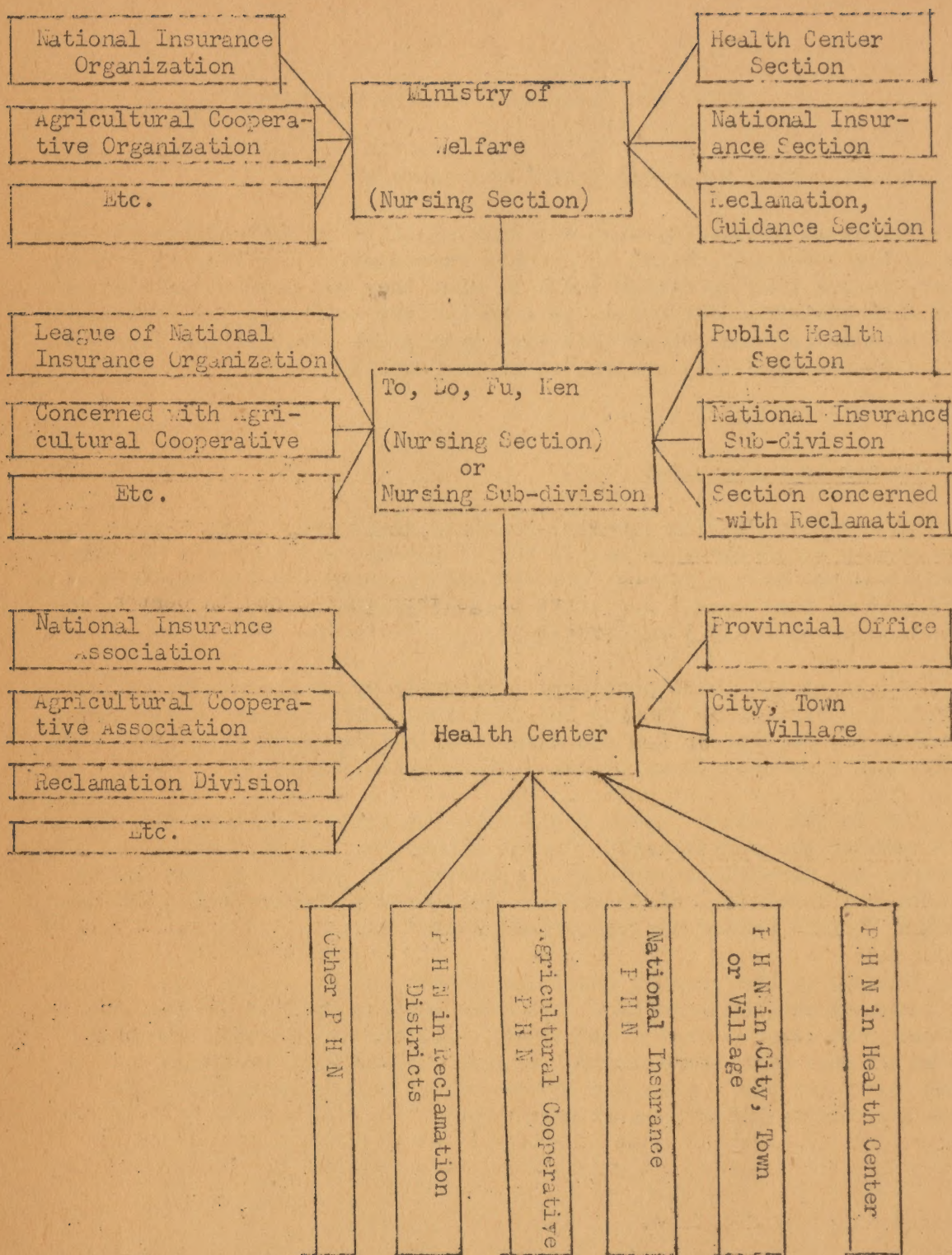
I. System of leadership

Ministry of Welfare (Nursing Section) shall keep close contact with the organs concerned with public health nurses, shall plan a uniform leadership program by considering the purpose for which public health nurses were employed in each organ, and shall give directions to To, Do, Fu or Ken (Nursing Section or Nursing Sub-division).

Following the above mentioned leadership program, the To, Do, Fu or Ken (Nursing Section or Nursing Sub-division) shall contact the organs concerned in To, Do, Fu, or Ken and discuss with them about items that seem necessary, and give directions to the Health Center Chiefs.

The Health Center Chiefs shall make the above mentioned directions clear to each of the public health nurses within their jurisdiction and make them observe the directions strictly. Moreover, in this case, the Health Center Chiefs without fail shall contact the persons who are going to employ these public health nurses and make them understand.

Looking at the present condition of the public health nursing service it seems especially important that (the Nursing Section) keep close contact with the various organs concerned. The Nursing Section therefore shall plan to meet with these various organs occasionally according to the following chart and shall plan for the practical policy by taking into consideration the peculiarities of each organ.



II. Matters to be carried out by To, Do, Fu, or Ken.
(Nursing Section or Nursing Sub-division).

(1) The To, Do, Fu, or Ken (Nursing Section or Nursing Sub-division) shall ask the Health Centers to perform the following items in general regarding the guidance of the public health nurses within their jurisdiction.

a. Reporting the change of duties of public health nurses.
Whenever there is a change in the duties of the public health nurse, the health center is to request a report from that nurse each time and is to enter that into the already furnished public health nurses' register (the form to be notified separately). This should be reported to To, Do, Fu, or Ken once every three months. (June, September, December and March).

b. Observing the activities.

The health center must request a Public Health Nurses' Duty Report (the form to be notified separately) from every public health nurse by the tenth of the following month in order to understand the activities of the public health nurses within its jurisdiction, and then report that to the To, Do, Fu or Ken by the 20th. However, for the time being the public health nurses of the National Health Insurance will not have to go through the Health Center but will be controlled by the Competent Section of the National Insurance as before.

c. Guiding the study group of nursing service.

It shall have the public health nurses within its jurisdiction meet once every month or once every other month, and it shall guide them in their study of general as well as special nursing service.

d. Guiding in field service.

The chief of the Health Center and the chief public health nurse should visit the field as much as possible and give guidance to the various problems of public health nursing activities to meet the actual conditions.

(2) The To, Do, Fu, or Ken (Nursing Section or Nursing Sub-division) shall gather the reports of the "A" and "B" of the previous item and report to the Ministry of Welfare (Nursing Section) by the end of following month.

(3) The To, Do, Fu, or Ken (Nursing Section or Nursing Sub-division) shall strive to attend the meeting mentioned in "c" of the previous item and shall give heed to giving guidance voluntarily at any time regards to "d".

III. Items regarding re-education.

(1) The public health nurses' organization of each To, Do, Fu or Ken shall sponsor a refresher course for the general public health nurses more than once a year and part of its expense shall be paid by the national subsidy.

(2) The refresher course for the leading public health nurses shall be sponsored by the Ministry of Welfare more than once a year.

(2) The refresher course for the leading public health nurses shall be sponsored by the Ministry of welfare more than once a year.

(3) The educational content of the program for the refresher course given by the various organizations concerned with the public health nurses shall be made uniform by the Ministry of welfare (to be notified separately).

IV. Supervision

Supervision of license

To see that no one is in actual service in public health nursing without a license.

For the above purpose, a public health nurses' register should be provided for and arranged in order.

Every time there is a change concerning the license, the To, Do, Fu, or Ken shall notify the Health Center.